

BENEFICIARY CO-PAYMENTS

Beginning July 1, 2011 SCDHHS will increase beneficiary co-payment amounts from \$2.30 to \$3.30 for the following services. All other co-payment amounts will stay the same.

- Doctor office visits
- Home Health visits
- Clinic visits
- Optometrist visits

Persons 19 and older who are enrolled in a Medical Homes Network or participate in waiver programs through Community Long Term Care or the South Carolina Department of Disabilities and Special Needs are now asked to make a co-payment for some of their medical services.

The following services are not subject to a co-payment:

- Medical equipment and supplies provided by the Department of Health and Environmental Control
- Orthodontic services provided by DHEC
- Family planning services
- End Stage Renal Disease (ESRD) services
- Infusion Center services
- Waiver services

Members of Medicaid Managed Care Plans (MCOs) should contact their individual plan for information about co-payments in their plan.

The following beneficiaries do not have to make a co-payment:

- Children under 19 years of age
- Pregnant women
- Institutionalized individuals (such as persons in a nursing facility or an Intermediate Care Facility for the Mentally Retarded (ICF-MR))
- Individuals receiving emergency services in the hospital emergency room
- Individuals receiving the Medicaid hospice benefit
- Members of a Federally Recognized Indian Tribe are exempt from most co-payments. Tribal members are exempt when services are rendered by the Catawba Service Unit in Rock Hill, South Carolina and when referred to a specialist or other medical provider by the Catawba Service Unit.
- Members of the Health Opportunity Account (HOA) program

A Medicaid beneficiary may not be denied services if unable to pay the co-payment at the time the service is rendered; however this does not relieve the beneficiary of the responsibility for the co-payment. It is the provider's responsibility to collect the co-payment from the beneficiary to receive full reimbursement for a service. SCDHHS will reduce provider payments for all claims where a co-payment was expected.

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Medicaid



Nikki Haley, Governor • Anthony E. Keck, DHHS Director
South Carolina Department of Health and Human Services

J U N E 1, 2 0 1 1

Dear Medicaid Beneficiary,

The South Carolina Healthy Connections Medicaid program is making changes that may affect the services you receive. These changes are allowed under federal law [42 CFR 440.230(d)] and are important to maintain a strong Medicaid program. Please read this newsletter carefully and call the Medicaid Resource Center at (888) 549-0820 if you have any questions.

CONTINUED SERVICES

The following services will continue to be offered by Healthy Connections Medicaid based on individual need and will not be eliminated as previously announced:

- **Hospice care service**
Hospice provides palliative care to individuals near the end-of-life in their homes, at residential hospices and in nursing homes.
- **Out-of-Home Respite care services**
Respite care services provided through the Community Long Term Care (CLTC) Community Choices waiver.
- **Home delivered meals**
Up to 14 weekly meals are available to CLTC Community Choices and HIV/AIDS waiver participants.
- **Nutritional supplements**
These supplements are available to individuals in the CLTC Community Choices, HIV/AIDS and Mechanical Ventilation waivers based on medical necessity.

SERVICES TO BE REDUCED

With approval from our Federal authority, the following services will be reduced effective, July 1, 2011:

- **Pest Control Service Reductions**
Pest control for waiver participants in the Community Choices, HIV/AIDS and Mechanical Ventilator waivers will be reduced to allow for a maximum of one treatment quarterly. This reduction will take effect upon federal approval.
- **Home Health Medical Social Work Visits**
This service will be eliminated. We encourage beneficiaries who have a continuing need for case management to call (803) 898-2724 or your home health agency provider.

SIMPLIFIED ANNUAL REVIEW FOR CHILDREN

South Carolina Medicaid is streamlining the Annual Review process for children in the Partners for Healthy Children program. If a family receives SNAP (Food Stamps) or Family Independence Family Assistance from the Department of Social Services, you may not have to complete a Medicaid annual review form. We will use the information reported to the Department of Social Services to complete the annual review and will provide a letter of continued eligibility. If you receive a Medicaid Annual Review Form, you must complete it and return it.

DENTAL SERVICES FOR ADULTS

Dental services will continue to be covered for people 21 and older only under the following conditions. Other adult dental services were discontinued February 1, 2011. We are pleased to inform you that Medicaid will cover dental services for adults under the following conditions and medical reasons:

- Organ Transplants
- Oncology
- Total Joint Replacement
- Trauma Treatment
- Radiation of the head and/or neck for cancer treatment
- Chemotherapy for cancer treatment
- Heart Valve Replacement

WELL CHILD DOCTOR VISITS (EPSDT)

It is important for your child to have regular well child doctor visits. Medicaid offers a service for children called EPSDT (Early and Periodic Screening, Diagnosis and Treatment). Medicaid will pay for visits when your child's primary care doctor says that additional services are needed and medically necessary. This does not mean that any service will be provided to your child. Your child's doctor will still be required to show that the service is medically necessary. If the doctor determines that your child needs a service that our program does not normally cover, Medicaid will review your doctor's request for medical necessity. If you have a primary care doctor for your child, call and make an appointment for a visit. If you need help finding a doctor, call your local health department or check our website at www.scdhhs.gov. If you do not know your local health department phone number call (800) 868-0404.

FAIR HEARING

If you feel an action taken by the agency is in error, you may ask for a Fair Hearing before the South Carolina Department of Health and Human Services (SCDHHS). If you are a member of a Managed Care Organization (MCO) you must contact your plan first. Otherwise to ask for a fair hearing, send your request in writing to SCDHHS within 30 days of receipt of this newsletter (Office of Appeals and Hearings, P.O. Box 8206, Columbia, S.C 29202). If we receive your appeal request before July 1, 2011 you may have your benefits continue until a ruling is made by the Hearing Officer. You can hire an attorney to help you or you can have someone come to the hearing and speak for you.